

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101585692

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7						
8		4		4		
9		4		4		
10		4		4		
11		4		4		
12		4		4		
13		4		4		
14		4		4		
15		4		4		
16		4		4		
17		1		1		
18	1		1			
19		1		1		
20		1		1		
21	1		1			
22		1		1		
23		1		1		
24		1		1		
25		4		4		
26		4		4		
27		4		4		
28		4		4		
29		4		4		
30		4		4		
31		4		4		
32		4		4		
33		4		4		
34		4		4		
35	1		1			
36		1		1		
37		1		1		
38	1		1			
39		1		1		
40		6		6		
41		0		0		
42		0		0		
43		0		0		
44		0		0		
45		0		0		
46		0		0		
47		0		0		
48		0		0		
49		0		0		
50		0		0		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		0		
52		1		1		
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		22	←	←	
TOTAL CLAIMS			70			